

DRIVEWAY & PRIVATE SIDEWALK RESTORATION REIMBURSEMENT



Municipal Works Department, 188 Kipling Street SE, Medicine Hat, AB, T1A 1Y3, Tel 403 529 8177, Fax 403 502 8040

To be filled out by Applicant:

Name:		Phone:	
Address:		Email:	

Please fill out the following background information questions:

What date was the construction completed adjacent to your driveway or private sidewalk?

Where did the work take place? (sidewalk, curb and gutter, etc.)

Did the work cause, or increase the height difference between your driveway or private sidewalk and the City owned sidewalk/roadway to be at least 25mm (1 inch)?

Is the height difference at least 25mm for the full length of your driveway and/or private sidewalk or less than half of your driveway and/or private sidewalk?

The information provided is accurate to the best of my knowledge on the date this application form was submitted

Signed: _____ **Date:** _____

** Compensation amount will be the current fixed amount on the date of this application **